U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

UC.	
1. File Number U - 4809	2. Fiscal Year Covered From:
,	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Lily (Lilia) Eskelsen	Name National Education Association
	Labor Organization File Number 000-342
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 1819 19th St. NW #2	Street 1201 16th St. NW
City Washington	City Washington
State District of Columbia ZIP Code + 4 20009	State District of Columbia ZIP Code + 4 20036
5. Position in labor organization. Secretary-Treasurer	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	on represents or is actively seeking to represent.
A CONTRACTOR OF THE CONTRACTOR	
Name	
Trade Name, if any.	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	
City :	\$ <b>0</b>
State ZIP Code +4	The state of the s
Sigr	ature of the death of the second of the seco
15. Signature and verification. The undersigned declares, under penalty of	Perjury and other applicable penalties of the law, that all of the information ring documents), has been examined by the signatory and is, to the best of the
undersigned a movietige and being, indeed specification (see the se	
Signed Si	On 6/24/2005 202-822-7479  Date Telephone Number

Name of Person Filing Lily (Lilia) Eskelsen	File Number U-		· · · · · · · · · · · · · · · · · · ·
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active. (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise		
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Horace Mann Insurance Company	a. Labor Organizatio	on	
P.O. Box, Bldg., Room No., if any	b. Trust		
Street One Horace Mann Plaza	c. Employer		
City Springfield			
State Illinois ZIP Code + 4 62715			
10. If 9.b. or 9.c. is checked give trust or employer's name,	11.a. Nature of such dealing	g.	
Name NEA Member Benefits Corporation	Provider of insuran	ce to members	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street 900 Clopper Road Suite 300	Borr Same referenced 61 is sound H. Same at the comment by grows and from one of	ستنا به از پرساندگار از میسان و زروستند به آدر ایکشتان و روستندند	Zerknown
Erich V 1994 A Secret IV Peter and A V Peter and A V V Secret IV Peter A ARD Secretary V Secretary A Peter Annual A Peter Annu	11.b. Approximate dollar value	of such dealing.	Conknown
City Gaithersburg	12.a. Nature of interest held	or income received.	vo. por a 1 Manage on 8 2 Manage of 8 2 Manage of the parameters o
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City Gaithersburg	12.a. Nature of interest held Travel expenses for meetings  12.b. Amount.	or income received.	advisory board
City Gaithersburg  State Maryland ZIP Code + 4 20878  C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	12.a. Nature of interest held Travel expenses for meetings  12.b. Amount.	or income received.	advisory board
City Gaithersburg  State Maryland ZIP Code + 4 20678  C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.a. Nature of interest held Travel expenses for meetings  12.b. Amount.  12.b. Amount.	or income received.	advisory board
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City Gaithersburg  State Maryland ZIP Code + 4 20878  C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	12.a. Nature of interest held Travel expenses for meetings  12.b. Amount.  12.b. Amount.	or income received.	advisory board

Name of Person Filing Lily (Lilia) Eskelsen	- File Number 0-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Horace Mann Insurance Company	evineng.		
Trade Name, if any:	a. Labor Organization   b. Trust		
P.O. Box, Bldg., Room No., if any	c. Employer		
Street One Horace Mann Plaza	C. Cilipioyer		
City Springfield			
State Illinois ZIP Code + 4 62715			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name NEA Member Benefits Corporation	Provider of insurance to members		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street 900 Clopper Road Suite 300	1884   La Alexandra manufald and alexandra (la Alexandra de La	Language Company	
City Gaithersburg	Approximate dollar value of such dealing.      Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.	LAMBOO CATALONIA	
State Maryland ZIP Code + 4 20676	Stipend for service on Advisory I	oard	
Charles and a second se			
	12.b. Amount.	\$200	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above)	\$200	
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant	er parts A and B above)	\$200	
or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	\$200	
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name	er parts A and B above) or other thing of value.  14.a. Nature of payment.	\$200 but to a second se	
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:	er parts A and B above) or other thing of value.  14.a. Nature of payment.	\$200	
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:	er parts A and B above) or other thing of value.  14.a. Nature of payment.	\$200 \(\frac{1}{2}\)	
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	er parts A and B above) or other thing of value.  14.a. Nature of payment.	Street and the street	
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	er parts A and B above) or other thing of value.  14.a. Nature of payment.	\$200 but required and a second of the control of th	

Name of Person Filing	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or includeding with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name MBNA  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street MBNA America Headquarters  City Wilmington  State Delaware ZIP Code + 4 19884	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name NEA Member Benefits Corporation  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.  Provider of credit card services to members
Street 900 Clopper Road Suite 300	11.b. Approximate dollar value of such dealing. Lyknown
City Gaithersburg  State Maryland ZIP Code + 4 20878	12.a. Nature of interest held or income received.  Dinner with NEA Member Benefits board members
	12.b. Amount. \$80
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name	14.a. Nature of payment.
Trade Name, if any:	
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	